

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90326 050 ****61.25

DOCUMENT # N45362

1. Entity Name
**PUNTA GORDA ROTARY CHARITY AND EDUCATION
FOUNDATION, INC.**



Principal Place of Business

**425 CROSS STREET
SUITE #113
PUNTA GORDA, FL 33950 US**
100 Sullivan St

Mailing Address

**425 CROSS STREET
SUITE #113
PUNTA GORDA, FL 33950 US**
*100 Sullivan St.
Punta Gorda, FL*

14000803



01052005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0291703

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JIM, KOINIS
3025 ROMA COURT
PUNTA GORDA, FL 33950**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KOINIS, JIM
STREET ADDRESS	3025 ROMA COURT
CITY-STATE-ZIP	PUNTA GORDA, FL 33950
TITLE	DS
NAME	LYNCH, ROBERT
STREET ADDRESS	245 LIDO DR.
CITY-STATE-ZIP	PUNTA GORDA, FL
TITLE	D
NAME	AUSTIN, KEITH
STREET ADDRESS	24164 HARBORVIEW RD
CITY-STATE-ZIP	PT. CHARLOTTE, FL
TITLE	D
NAME	DZURAK, JOHN
STREET ADDRESS	23232 ABRADIE AVE.
CITY-STATE-ZIP	PORT CHARLOTTE, FL 33980
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #